

UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWAREJOHN A FRANKLIN  
Plaintiff

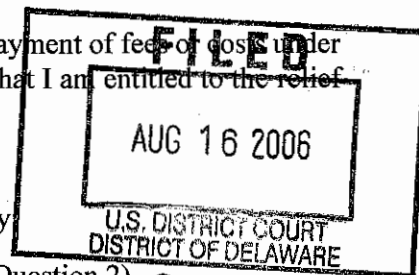
V.

POCONO RANCH LANDS  
Defendant(s)APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVITCASE NUMBER: 06-466-GMSI, John A Franklin

declare that I am the (check appropriate box)

☒ Petitioner/Plaintiff/Movant ☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.



In support of this application, I answer the following questions under penalty of perjury

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No" go to Question 2) **BD scanned**

If "YES" state the place of your incarceration \_\_\_\_\_

Inmate Identification Number (Required): \_\_\_\_\_

Are you employed at the institution? \_\_\_\_\_ Do you receive any payment from the institution? \_\_\_\_\_

Attach a ledger sheet from the institution of your incarceration detailing all transactions over the past six months.2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)  
DELAWARE (Rev 5/06)

4. Do you have any cash or checking or savings accounts?

☒ Yes ☒ No

If "Yes" state the total amount \$ 550.00

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

DAEWOO

☒ Yes ☐ No

If "Yes" describe the property and state its value.

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6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

NONE

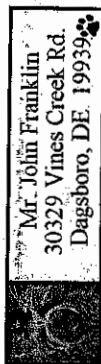
SEE ENCLOSED SHEET

I declare under penalty of perjury that the above information is true and correct.

8-14-06  
DATE

John A. Franklin  
SIGNATURE OF APPLICANT

**NOTE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.



Mr. John Franklin  
30329 Vines Creek Rd.  
Dagsboro, DE 19939

WILMINGTON DE

15 AUG 2006 PM

U.S.M.S.

Office of the Clerk  
United States District Court  
844 N. King Street, Lockbox 18  
Wilmington, Delaware 19801-3570

OFFICIAL BUSINESS

1980143519



SOCIAL SECURITY ADMINISTRATION

Date: August 7, 2006  
Claim Number: 093-30-2497A  
093-30-2497DI

JOHN A FRANKLIN  
30329 VINES CREEK RD  
DAGSBORO DE 19939-4323

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2005, the full monthly  
Social Security benefit before any deductions is.....\$ 529.90

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 529.00  
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Information About Supplemental Security Income Payments

Beginning January 2006, the current  
Supplemental Security Income payment is.....\$ 94.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 302-856-9620. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
20105 OFFICE CIRCLE  
GEORGETOWN, DE 19947

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

  
OFFICE MANAGER